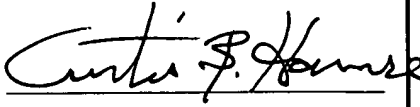


FORM PTO-1390 (REV 10-94)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTORNEY'S DOCKET NUMBER 20037.1005USWO
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371			U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) Unknown 10/577297
INTERNATIONAL APPLICATION NO. PCT/EP2004/012212	INTERNATIONAL FILING DATE 28 October 2004	PRIORITY DATE CLAIMED 30 October 2003	
TITLE OF INVENTION SCHNITZLER et al.			
APPLICANT(S) FOR DO/EO/US APPARATUS FOR COAGULATING TISSUE			
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:			
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(I). 4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) 6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> A signed oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). 			
Items 11. to 16. below concern document(s) or information included:			
11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form 1449, 2 references.			
12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.			
13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.			
14. <input checked="" type="checkbox"/> A substitute specification.			
15. <input type="checkbox"/> A change of power of attorney and/or address letter.			
16. <input checked="" type="checkbox"/> Other items or information: International Publication Page, Application Data Sheet, Form PCT/RO/101, Form PCT/ISA/210, Form PCT/IB/301, Form PCT/IB/304, Form PCT/IB/306, Form PCT/IB/308 (First Notice), Form PCT/IB/308 (Second and Supplementary Notice), Marked-Up Copy of Substitute Specification, 1 Sheet of Formal Drawings			

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) Unknown 10/577297		INTERNATIONAL APPLICATION NO. PCT/EP2004/012212		ATTORNEY'S DOCKET NUMBER 20037.1005USWO	
BASIC NATIONAL FEE (37 CFR 1.492(a) (1)-(5)):					
[X] a) Basic National fee.....\$300.00				\$300.00	
[X] b) Examination fee.....\$200.00				\$200.00	
[X] c) Search fee.....\$500.00				\$500.00	
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	Rate		
10 -100 =	0 /50 =		X \$250.00	\$0.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$0.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	8 -20 =	0	X \$50.00	\$0.00	
Independent claims	1 -3 =	0	X \$200.00	\$0.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00	\$	
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	
Reduction by 1/2 for filing by small entity, if applicable. Small entity status is claimed pursuant to 37 CFR 1.27				\$	
SUBTOTAL =				\$1000.00	
Processing fee of \$130.00 for furnishing the English translation later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				+ \$	
TOTAL NATIONAL FEE =				\$1000.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+ \$40.00	
TOTAL FEES ENCLOSED =				\$1040.00	
				Amount to be:	
				refunded	\$
				charged	\$
a. [X] Check(s) in the amount of \$1000.00 and \$40.00 to cover the above fees is enclosed.					
b. [] Please charge the amount of \$ to cover the required filing fee for a large entity to the credit card listed on the enclosed credit card authorization form.					
c. [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-3478.					
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
SEND ALL CORRESPONDENCE TO: Curtis B. Hamre Hamre, Schumann, Mueller & Larson, P.C. P.O. Box 2902-0902 Minneapolis, MN 55402					
				SIGNATURE: 	
				NAME: Curtis B. Hamre	
				REGISTRATION NUMBER: 29,165	

UNITED STATES PATENT AND TRADEMARK OFFICE

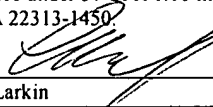
Applicant: SCHNITZLER et al.
Attorney Docket: 20037.1005USWO
Title: APPARATUS FOR COAGULATING TISSUE

CERTIFICATE UNDER 37 CFR 1.10

Express Mail mailing label number: EV858802651US

Date of Deposit: 27 APRIL 2006

I hereby certify that the papers listed below are being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR 1.10 in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 
Name: Abbie Larkin

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

52835
PATENT TRADEMARK OFFICE

Sir:

The following papers are transmitted herewith:

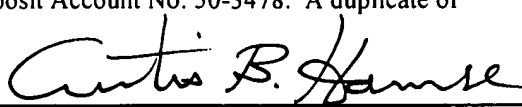
- ☒ Transmittal sheet, in duplicate, containing Certificate Under 37 CFR 1.10;
- ☒ National Stage Patent Application including: Description - 6 pages; Claims - 2 pages; Abstract - 1 page; Drawings - 1 sheet (formal);
- ☒ Signed Combined Declaration and Power of Attorney;
- ☒ Assignment of the invention to ERBE ELEKTROMEDIZIN GMBH, Recordation Form Cover Sheet, a check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Application Data Sheet - 4 pages;
- ☒ Information Disclosure Statement, Form 1449, 2 references
- ☒ Check(s) for the amount of \$1000.00 to cover the filing fee calculated below;
- ☒ Other: International Publication Page, Courtesy Copy of PCT/EP2004/012212 in German, Form PCT/RO/101, Form PCT/ISA/210, Form PCT/IB/301, Form PCT/IB/304, Form PCT/IB/306, Form PCT/IB/308 (First Notice), Form PCT/IB/308 (Second and Supplementary Notice), Clean Copy and Marked-Up Copy of Substitute Specification, 1 Sheet of Formal Drawings, Form PTO-1390
- ☒ Return Postcard

CLAIMS AS FILED

Number of Claims Filed	No.	In Excess of	Extra	Rate	Fee
Total Claims	8	20	0	50.00	= 0.00
Independent Claims	1	3	0	200.00	= 0.00
Multiple Dependent Claims Fee					= 0.00
Basic Filing Fee					= 300.00
Search Fee					= 500.00
Examination Fee					= 200.00
Utility Application Size Fee	10	100	0	250.00	= 0.00
Total					= \$1000.00

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. A duplicate of this sheet is enclosed.

Hamre, Schumann, Mueller & Larson, P.C.
P.O. Box 2902-0902 Minneapolis, MN 55402
612.455-3800

By: 
Name: Curtis B. Hamre
Reg. No.: 29,165
Initials: CBH/hjm